



COMPLAINT NO. *

NUMBER *

YYYY *

FILING DATE :

DD

MM

YYYY

DATE OF PURCHASE :

DD

MM

YYYY

NUMBER (BY CATALOG HENPOL) COMPLAINED PART *

QUANTITY

NUMBER OF RECEIPT / INVOICE :

FIRST / LAST NAME OF COMPLAINER :

PHONE NUMBER :

EMAIL ADDRESS :

NAME / ADDRESS / TELEPHONE OF SERVICE STATION WHERE COMPLAINED PART WAS INSTALLED

CAR DATA :

MARK :

MODEL :

YEAR OF PRODUCTION:

VIN NO. :

ENGINE NO. :

ENGINE CAPACITY :

DATE OF ASSEMBLY :

DD

MM

YYYY

DATE OF DISASSEMBLY :

DD

MM

YYYY

MILEAGE :

MILEAGE FROM ASSEMBLY TO DISASSEMBLY :

PRECISE DESCRIPTION OF DEFECT (CAUSE OF COMPLAINT) :

NOTE !!!

Lack of filling all boxes in form can mean negative consideration of complaint . Complaint will be considered within 14 days from date of fill a complaint : correctly filled form of complaint , copy evidence of purchase and complained part .

DESCRIPTION OF COMPLAINER DEMAND (NEW ITEM / TRANSFER - ACCOUNT NO. / ETC.)

LEGIBLE SIGNATURE OF COMPLAINER



DATE OF COMPLAINT ASSUME : *

DD

MM

YYYY

LEGIBLE SIGNATURE OF ASSUME PERSON AND COMPANY STAMP

* FILLING BY HENPOL